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WÜRZBURG.

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THE bloody battles of the past year, and the brilliant victories which have established the political supremacy of the Prussians over the French, have but added new laurels to those long since carried off by Germany in the various departments of science, art and letters. At the head of this list may be placed the medical sciences. Paris has waned, and Vienna is now recognized as the Mecca toward which all devout followers of *Æsculapius* turn their eyes as the abode of their prophets. Surely Vienna deserves its fame, for nowhere is the field for clinical study so great as that offered by its huge hospital of two to three thousand beds, nor can any other university lay claim to so large a number of distinguished professors.

Beside this famous city less favored ones are apt to be forgotten, and among these Würzburg, a small town of forty thousand inhabitants, situated on the confines of Bavaria. Though from natural disadvantages never likely to eclipse the great Austrian capital, yet it has within a few years cast upon the field of science a light so peculiarly bright as to tempt me to offer my fellow-countrymen a glimpse of it through my telescope.

Scanzoni, von Tröltsch, Kölliker, Bamberger, von Recklinghausen, Linhart and Rinecker are names most of which have greeted our ears so often, connected with recent discoveries in the science, or new methods in the practice of medicine, that they have become as familiar as "household words." Principally through their achievements has the old Julius Maximilian University been drawn from that obscurity which to this day envelopes many a once formidable rival, as may be seen from the fact that, of the seven hundred men entered every year upon the catalogue of its six departments

of learning, fully one half are medical students. Lucky for Würzburg was it that its *Evêque*, Julius Echter von Mespelbrunn, was prompted to establish and endow the Julius Spital in 1572, ten years before he founded the University, and thereby provide the Medical School with the field for clinical instruction and research which is so indispensable. This hospital holds property valued at 6,000,000 gulden (\$2,500,000), from the revenue of which it is able to give daily to 600 persons, of whom 300 are invalids, the care which their condition may require.

But to return to the University; I cannot give a better idea of its principles than by citing certain of its regulations, especially as the subject of medical education is at present exciting so much interest.

"§ 5. Every newly arrived student must receive from the police permission to study in the town, before he can matriculate. No student is allowed to live in a public house for more than eight days after he has received his matriculation papers."

"§ Students, whether intending to graduate, or actually doctors, are obliged to matriculate if they wish to attend the lectures or avail themselves of the collections of the University."

"§ 21. The academic course lasts four years for those who are fitting themselves to be practising physicians in Bavaria; of this one year's time must be devoted to philosophical science."

"§ 22. Every student is at liberty, either to give up the whole first year of his University course to the philosophical sciences, or to attend the lectures on this branch during the first and second years of the regular course."

"§ 24. We recommend to every student, for the benefit of his general scientific culture, so to make his choice of lectures that he will attend at least one course of philosophy, of philology, of history, of mathematics, of physics and of natural history, and pay especial attention to the historical development of those branches."

"§ 26. The Dean of each Faculty shall

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admit no native student to the examination for degrees who cannot produce proofs:—

"1st, That he has studied four years in a German University.

"2d, That he has attended at least eight philosophical lectures during the first two years of his academic course. The choice of these is left entirely with the student. By regular lectures is understood such as are delivered at least 4-6 hours a week.

"Foreigners are admitted to examination on producing certificates of only three years' study."

"§ 28. Natives are allowed to attend foreign German universities if they fulfil all the requisitions of the law. Attendance on other than German universities requires a royal permission, if the time passed there is expected to be reckoned in the four years' course."

"§ 29. The students are free (except so far as § 23 is binding) to attend such, and so many lectures, and with such professors as they may elect; attendance on at least one regular course in each semester is required, as well of natives as of foreigners."

"§ 31. As soon as ten students have inscribed themselves for an advertised course, they can exact that it shall be at once commenced and continued uninterruptedly, with the exception of the legal holidays, until the end of the semester."

"§ 36. The examinations for the academic degrees are only granted on demand, and in cases where the private interest of the student or his relatives seems to make one desirable—for example, on account of an inheritance or a pension, &c."

N. B.—The examinations are now, I believe, granted at any time, when three men may apply for one. The usual time is at the end of the semester.

"§ 69. The courses are divided, in reference to the fees, into publica, privata and privatissima.

"For the publicum there is no fee; for the privatissimum a special agreement must be made with the instructor by those who attend; for the privatum the fee must be paid by all, except those who are excused in accordance with § 71."

"§ 71. Full exemption from the payment of fees is only accorded to such German students as present, in proof of their poverty, a certificate from the district police, and fortify the petition with a commendatory letter from the High School. Those have a claim to partial remission who live in narrow circumstances and yet are not absolutely destitute of means. The decision rests with the Committee on Fees."

"The winter semester begins on November 2d and closes on March 15th.

"The summer semester begins on April 15th and closes on August 15th."

The examination, which is both written and oral, is in eight branches, and said to be much the same as with us. In addition, a thesis must be presented, covering, when printed, 16 octavo pages; a lecture prepared and delivered, on any chosen subject; and five statements put forward and publicly defended by the aspirant. Both professors and students may, and do, dispute these. I attended one such exhibition to listen to the defence, by a fellow-countryman, of a true "Yankee notion," namely, that "as an anæsthetic statistics speak in favor of ether." To my regret, no discussion was raised on this subject.

As a place in which to take the medical degree, Würzburg is a favorite; not, however, for the reason that the requirements are less, but because the graduation fees are smaller than in most German universities. For a foreigner, from whom a distinct and much less strict examination is required, these fees amount to between two and three hundred gulden (1 gulden = 43 cents in gold), being, I believe, about half as much as elsewhere.

Now that I have touched upon the pecuniary attractions of Würzburg, I should add that the charges for lectures are extremely moderate, ranging from seven to twenty gulden for each course of four or five month's duration. In this reasonable scale of prices those for board and lodging participate, a bedchamber costing anywhere from seven to fifteen gulden a month—board not exceeding one gulden a day. In fact, exclusive of the lectures, a single man may be as comfortable as possible for \$25 a month in gold, and, if need be, reduce the figures somewhat. (The fare from Bremen harbor to Würzburg—second class—is about \$10 in gold.)

I give below some, but by no means all of the subjects upon which the instructors are advertised to lecture during the semester to open on Nov. 2d, 1871. By this programme some idea of the scope of the instruction may be obtained. Private courses on any chosen subject are not here delivered to classes of ten or twelve men, as in Vienna, and therefore the opportunity of working up any speciality is less favorable. In this connection, is it not worthy of consideration by our Harvard Medical School, now that the whole system of education is there being revised and radically altered, whether some such opportunity for special

instruction cannot be offered? Cannot, for instance, the so-called University lecturers, or a regular corps of private teachers, be permitted to deliver such private courses at the Dispensary, or out-patient department of the Hospitals, and thereby not only fill a want now felt by the students, but also be showing their qualifications and fitting themselves to be candidates for the academic chairs? No attendance on these need be required, but by them special instruction might be given to those who seek and can afford to pay for it. Of course, this might detract somewhat from the number of those attending the public courses, and, as I think, with very salutary effect, for the professors would thereby be stimulated to keep their standard as high as possible. Such instructors should be without salary, and entirely dependent upon the fees for their recompense; these fees, in turn, would naturally depend upon the quality of the instruction.

Partial Programme of Lectures to be delivered in Würzburg during the Winter Semester of 1871-72.

Prof. Hofrath Dr. von Kölliker—Human Anatomy, General Anatomy, Myology, Splanchnology.

Prosector Dr. Hasse—Microscopic Normal Histology.

Prosector Dr. Eimer—Comparative Development, Propagation of Animals, Darwinian Theory, Repertorium of Zoölogy, General Study of Human Tissues.

Prof. Dr. von Recklinhausen—General Pathological Anatomy and Physiology, Demonstrative Course of Pathological Anatomy, Microscopic Pathological Histology.

Prof. Dr. Fick—Physiology of Man, Physiological Experiments, Physiology of the Voice and Formation of Articulate Sounds, the Internal Action of Drugs.

Prof. Hofrath Dr. Rinecker—Materia Medica, the Art of Writing Prescriptions, Children's Clinic, Psychological Clinic.

Prof. Hofrath Dr. von Bamberger—Special Pathology and Therapeutics, Medical Clinic.

Prof. Hofrath Dr. von Linhart—Chirurgical Clinic, Operative Ophthalmic Surgery.

Privat Docent Dr. Köster—Diseases of Bones and Joints.

Prof. Dr. Baron von Trültzsch—Pathology and Therapeutics of Diseases of the Ear.

Prof. Geheim Rath Dr. Scanzoni von Lichtenfels—Obstetrico-gynaecological Clinic, with Practice in Physical Examination (Touchirübung).

Privat Docent Dr. Schmidt—Operative Midwifery.

Privat Docent Dr. Müller—Theory of Operative Midwifery.

It is unnecessary to give the other courses; let it suffice that every branch of medicine is fully and ably taught. Kölliker, the Rector Magnificus, as the statutes call him, presents a remarkable type of manly beauty at fifty years of age. Strange does it seem to those who associate his name exclusively with normal and pathological histology, to discover that his chief study is comparative anatomy, and that the other is only pursued as a collateral branch. Despite this, no one will give credit to the reproach flung at him by his rivals in Vienna, of having abstracted all his discoveries, in that line, from foreign sources—that, in his vacation-travels, he gathers new ideas from all quarters, then returns to his study to elaborate, and give them to the world as original. He is, as might be expected, a thorough master of anatomy, but fails to attract so large an audience as he deserves, from the entire absence of life and animation in his delivery. He accompanies his lectures with the most exquisite diagrams, executed with colored chalks upon a transparent slate, over an outline of the limb or region. In his examination, the student is required to demonstrate upon the dead subject.

Von Recklinhausen's teachings are, perhaps, the most admirable of any. Though still a young man, and but just rising into prominence in science, he seems to have thoroughly mastered all the theories and truths of his difficult subject. His lectures are, in addition, teeming with new and original ideas, and illustrated by many specimens from the museum, the dissecting room, by diagrams upon the blackboard, and by microscopic sections. The material is rich, and is at all times distributed most lavishly to any who are working in the laboratory. No charges are made for this, nor for the use of microscopes, glasses, acids, &c. Animals for injection or experiment are supplied for moderate sums. In fact, it is universally acknowledged that nowhere in Europe can this branch be so well studied as in Würzburg.

Von Bamberger's name has been in every one's mouth of late, because of his repeated nomination as Oppolzer's successor in Vienna, and the refusal of the Ministry to confirm the choice of the Faculty. The matter is still undecided, although the term at Vienna begins in a few weeks. His lec-

tures are very clear and comprehensive, though somewhat impaired by the low tone in which they are delivered. For the study of practical midwifery, there is no opportunity, as the number of births in the hospital does not exceed two a week, an allowance of scarcely one a term to each student. Scanzoni, however, has the genius, despite the small amount of material, to make his clinic wonderfully attractive, and brimful of instruction. His private gynecological practice is enormous, the hotels and boarding-houses of the city being apparently half-filled with the patients who have flocked together from every part of Europe. Russians predominate, in whose country his fame has been noised abroad, from the fact of his having been called to attend the Empress. He received, for his services, one of the largest fees on record, seventy thousand gulden. From the King of Bavaria he has been made the recipient of a princely estate of several thousand acres upon the Danube, and other favors, such as will preclude his ever accepting a call to a larger field of instruction or practice. It is told of him, that he never mentions, or hears the name of Sir James Simpson, without raising his hat—a touching tribute of respect from one great man to the memory of another. In surgery, Lühart has earned a renown on the continent which, as an operator, he certainly deserves, though the exclusion from his wards of many of the new and generally-adopted methods of treatment, such as extension for fractures, and others, must, in the eyes of the younger generation, at least, detract somewhat from the high appreciation of him. The names of von Tröltsch, Rinecker and others, must speak for themselves, for I have had no experience of the excellence of their teachings.

As a town, though very quiet, Würzburg is attractive, because of its quaint old streets and houses, its beautiful situation upon the river Main, and its many pleasant walks and drives. The churches are numerous and present many relics of the past, among which the most remarkable is a product of some devout, though fantastic artist of the Middle Ages. In sculpturing for the church a statue of the Holy Virgin, he has attempted to symbolize the Immaculate Conception by means of a long iron tube, which issues from the genitals and points up toward Heaven; through this is the impregnation supposed to have taken place.

All Anti-papists will extend their sympathy and encouragement to the Faculty of this University, for their noble stand against the pretensions of the Pope. It

was one of the first corporations to address a letter of support of Dr. Dollinger, and thereby draw upon its individual members the anathemas of the church of Rome. They, with many of their fellow-countrymen, have thus incurred the strictest form of excommunication, by the reading of which, all Roman Catholics are, under the threat of a similar punishment, forbidden to hold any communication with them or their families, to be seen in their company, to give or sell them food, &c. &c. These threats are, of course, thrown to the winds—nor do the excommunicated themselves appear in the least concerned for the future welfare of their souls. Scanzoni, when questioned on the subject, returned but a shrug of the shoulders, and the reply, "What do I care?"

In my opinion, no student would ever have occasion to repent of six months or more passed in Würzburg. One, graduating at home on March 1st, or even later, could not do better than to proceed at once to Würzburg, and attend the summer-semester, beginning, as mentioned above, in April 15th. The language is quite good, and no surer or speedier plan, for the acquisition of German, can be devised than that of attending lectures.

The lectures all cease about August 1st, when a man will find himself within easy reach of the Rhine, Switzerland, or the Tyrol, if he wishes to make such tours, or he may proceed straight to Vienna, where there are always a number of courses going on in vacation.

In conclusion, may I recommend the establishment of Frau Heffner, 4 Petersplatz, as a most admirable and cheap lodging-house. The rooms are good, and the fare, served in the rooms, all that could be desired; in addition, the advantages of a private family, without any of its inconveniences, are to be had, through the sociability of the landlady and her two cultivated daughters.

SUBINVOLUTION OF THE UTERUS.

Read before the Boston Obstetrical Society, by A. D. SINCLAIR, M.D., one of the Physicians of the Boston City Hospital.

CASE I.—(*City Hosp. Records.*)—H. D., æt. 26; domestic. Healthy, except some uneasiness about the pelvis, with frequency of micturition for about three months previous to becoming pregnant, from which she became relieved while carrying her child. Three days after a natural labor, she had

febrile symptoms, which lasted several days, but without pain anywhere. Never any secretion of milk. She kept her bed for two weeks, after which time she was obliged to work, though feeling unable to do so. Five weeks after confinement, pain, with a feeling of stiffness, came on in the left groin, which increased in severity, and nine weeks after date of labor she was scarcely able to walk. She was greatly debilitated and had night sweats and some dysuria; thoracic organs healthy; no catamenia; spanemic; skin rather hot; tongue moist, red; pulse 112; appetite poor; bowels well; sleeps sufficiently.

Jan. 31st, 1869.—Examination of pelvic organs. Sound passed *five inches* into the uterus, which was not freely movable. Examination gave considerable pain. She was directed to keep her bed, and to take three times a day a mixture of sulphate of iron, magnesia, &c.

Feb. 8th.—Examined, and the uterus recorded as having diminished to *four inches*. The catamenia appeared the following day and continued nearly ten days, not profuse, but with a good deal of pain. Complaining of some uneasiness about hypogastrium, she obtained relief from the application of the ethereal tincture of iodine. On the 25th, it was reported that the uterus was reduced to *three inches* in length, sufficiently mobile and less tender than hitherto.

March 8th.—Last catamenia a few days ago, after three days' duration. Uterus as last reported. No tenderness about pelvis. Micturition and defecation painless. General condition much improved since entrance.

20th.—The sound passed without interruption nearly *seven (7) inches* into what seemed the cavity of the uterus. The examination was repeated on the 30th, and a similar state of things obtained. On the 31st, she left the hospital by her own request.

CASE II.—(*City Hospital Records*.)—B. C., *æt.* 25. Subject to occasional attacks of rheumatism, and was in hospital with a subacute attack a year ago. Was confined on the 2d of March, 1870, of a child at full term, who died two hours after its birth. Thinks she may have taken cold after leaving her bed, which she kept for two weeks. Three weeks after confinement, and a week after getting out of bed, she had pains come in her sides and about small of back, followed by swelling of feet and legs. Had troublesome dysuria, but urine said to be normal in appearance and amount. On admission, May 21st, countenance pale, lips particularly so; legs swollen, tense, pitting

on pressure; no edema of face, or ascites; in right axilla, two indurated swellings, painful on pressure; tongue pale; appetite good; costive; pulse 96. Sp. gravity of urine 1016; no albumen. No catamenia. Examined per vaginam on the following day, and uterus recorded as measuring *four and a half inches* in length, abnormally adherent on left side; cervix obliterated; os uteri occupying extreme left of roof of vagina; edges granular. Slight sanguineous discharge followed the examination, which caused some pain. She was ordered quinine and iron, nutritious diet, and rest in bed.

May 24th.—Axillary swelling suppurating, and opened.

June 4th.—Feet swollen on standing; pains in ankles and knees.

13th.—*Uterine sound passed without interruption its entire length, eight and a half to nine inches*, into cavity of uterus, its point felt at umbilicus, as if the walls of the abdomen alone intervened between the instrument and the finger. No unusual pain caused by the examination.

14th.—Some soreness, but no tenderness of abdomen.

July 5th.—Uterus the same; more pain in hypogastrium on coughing or sneezing than in walking.

6th.—Examination yesterday caused pain about abdomen, particularly left inguinal region. Pulse 108. Temp. 103.

8th.—Some tenderness in left groin. Temperature and pulse normal.

23d.—Says she feels a "gnawing" pain about uterus. Legs and feet swollen, tense. Appetite poor. Bowels open from enemata.

31st.—General condition improved, but the uterus measured as on the 13th ult. Examination causes much pain. On Aug. 3d circumstances rendered it necessary that she should go to her home.

CASE III.—(*City Hospital Records*.)—M. McD., *æt.* 34. Mother of five children; last confinement four months ago. Has had sufficient breast milk. For the past three years has had more or less constant pain about right side of pelvis and small of back and down outside of right thigh, increased since confinement, with the addition of headache and feeling of exhaustion. Defecation painful; dysuria; costive; pulse and tongue natural; appetite good.

Jan. 17th, 1870.—On examination, slight tenderness over uterus; vagina relaxed; vaginal portion of cervix uteri almost obliterated; uterus movable, tender.

28th.—Complained of a burning and throbbing sensation in right inguinal re-

gion, headache, dysuria. No unusual fullness detected anywhere about pelvis, but tenderness on deep pressure over hypogastrium.

Feb. 9th.—Immediately to the left of cervix uteri and on roof of vagina, was felt a body of the size of an ordinary peach-stone, intensely tender on combined manual pressure. *Uterine sound passed without the slightest resistance its whole length, eight and a half to nine inches*, into uterine cavity, its distal point felt directly above umbilicus; this, too, when the instrument was directed to either side of the womb. Feeling of exhaustion continued.

20th.—Catamenia.

23th.—Catamenia, from being normal in quantity and appearance, became a menorrhagia on the P.M. of the 22d, which continued profusely for two days, then changed into an equally free greenish watery discharge, which ceased on the P.M. of the 25th, but returned on the A.M. of the 26th, of higher color, became again greenish, and ceased entirely on the 27th. Patient weak; poor appetite; some headache; continued soreness in right groin.

March 3d.—Constantly fretting about her family. She is allowed to return to her home.

CASE IV.—(*City Hospital Records.*)—A. P., æt. 21. (Admitted July 21, 1871.) Married four years; confined for the first time two months ago, after a labor of twelve hours. Never before pregnant. A month ago began to feel pain in right side, between lower border of ribs and crest of ilium, which continued for about a week, when she first noticed a swelling of the lower part of the abdomen, starting, apparently, from the right side. This swelling of the abdomen increased steadily. Discontinued lactation about a month ago. Appetite poor; costive; defecation caused pain, shooting from above pubes through pelvic region; pulse 112; resp. 48; temp. 103. Lies most comfortably on left side. Tumor of about the size of a man's head felt in abdomen, encroaching rather more on right side than on left, most prominent portion just below umbilicus, dull on percussion throughout and fluctuating. Tympanic resonance on left of abdomen and above tumor. Slight tenderness of abdomen on pressure over tumor. Tumor measures from right anterior superior spinous process of ilium to umbilicus 9½ inches; from left, 8 inches; from pubes to umbilicus, 7½ inches.

26th.—Diarrhoea, four greenish, watery dejections; pulse 124; resp. 32; temp. 102.

28th.—*Uterus measures four inches*, fixed. Fluid, withdrawn from abdominal tumor with a Wood's syringe, found to contain pus corpuscles.

31st.—Etherized. *Uterus five and a half inches* in length. Tumor tapped, and nine (9) pints of liquid withdrawn, first half of which was serum made turbid by pus; last half nearly pure pus. In the evening she felt very comfortable. Skin moist; pulse 112; resp. 36. Some nausea after ether.

Aug. 1st.—At visit, laid on left side, comfortably; said she could not lie on the right side, as it caused pain in the abdomen. One loose dejection yesterday, causing pain at seat of puncture, which was tender on pressure. Skin cool; tongue clean; pulse 104, not weak. From this date to the 18th, on which she received her discharge, she improved steadily in strength, with no sign of recurrence of the fluid in abdomen.

CASE V.—E. D., æt. 30. First seen on April 25th, 1870. Was married six years, and confined with her third child nearly eight months ago. Since then pain about pelvis and back, nausea and various dyspeptic symptoms. Never much leucorrhœa; no bearing-down pains. Plenty of breast milk. Poor appetite. On examination of pelvic organs, vaginismus, congestion of mucous membrane of vagina; uterus tender, mobile. *Measured four and a half inches* in length. Walls thin. Examination gave great pain. This patient was seen but once.

Four out of these five cases of subinvolution occurred in my own wards at the City Hospital, the fifth was seen in private practice. I believe subinvolution of the uterus to be a more common condition than generally supposed; at least cases in which the uterus is found to measure three and one-half to four and one-half inches, months after abortion or labor at the full period. It will be seen from the details of measurement in the foregoing cases, that what at first seemed to be the actual length of the uterine cavity was found, on a subsequent examination, to measure many inches more. The cause of this discrepancy may, in part, lie in the fact that the uterus being elongated and flabby may become flexed or pressed upon by the overlying viscera in a way to prevent the sound penetrating at one time beyond a few inches, or, perhaps, the normal distance, two and one-half to three inches; whilst at another time it may pass without interruption its whole length into the cavity. The cause of this hypertrophied condition of the uterus in the first place was physiological, but what was natu-

ral during gestation becomes pathological after delivery. It is probable that metria will be found the chief disturber of the natural processes in the subjects of subinvolution of the uterus. It is regretted that no clue exists to the residences of the parties whose cases are detailed in order that their future history might be ascertained.

CATARACT OPERATIONS.

By B. JOY JEFFRIES, A.M., M.D., Ophthalmic Surgeon
Mass. Charitable Eye and Ear Infirmary, and to the
Carney Hospital. Read before the Suffolk District
Medical Society, Oct. 28th, 1871.

I HAVE NOW employed Graefe's so-called peripheral linear operation, or a modification of it, in forty-two cases of cataract. This, in truth, is but a small number in comparison with the hundreds counted by our lamented master in ophthalmology or some of his immediate European followers. It is also naturally much too small a list to deduce statistics of vision from, or compare the method in this respect with the old corneal flap operation. It is, however, long enough to allow me, in all due deference, to enter the discussion now going on. My friend Dr. Loring has recently shown that a mistake has been made in recording the power of vision after this operation, namely, in placing "successful" too low, or at least below the standard that was adopted in registering the result of former flap operations. I do not see how we can make a fair comparison of vision, except by holding to the same standard in future as with the old flap.

The profession at large will not, nor can they be expected to take any interest in such an article as this, until relative or friend is blind from cataract, and seeks by operation the restoration of sight. Then the method chosen and its prospects of success become of vital interest. But a very great and perhaps somewhat extraordinary ignorance prevails not only among the laity, but also among professional men as to cataract itself. Where any knowledge exists, it seems to be that cataract is not a disease, or due to a disease, but simply an opacity of the crystalline lens, and if this can be successfully removed from the eye, the patient must needs see as well with that as with the other eye when not affected. Now, unfortunately, should the ophthalmic surgeon limit his operations to pure senile cataract, he would not relieve a large number of cases that can be helped in some degree, although his records of success would

be materially increased. Congenital, posterior polar or cataract with disease of internal membranes, and traumatic, embrace a pretty large number which we are, so to speak, forced to operate on, yet which we know will reduce the fraction in our column of vision when the cases are tabulated. For instance, a child has congenital cataract in both eyes, not enough in one eye to prevent reading, but sufficient in the other to allow only the discernment of large objects or the recognition of light from darkness. If, now, an operation does not give to this eye as good vision as the other, the operator is naturally blamed, although he may have cleared away all obstruction to the entrance of the rays of light to the retina, and his operative interference not have excited damaging inflammation. The retina, or recipient surface, and the optic nerve, or conducting apparatus, are at fault, i. e. they are not developed normally.

Or, again, a physician recognizes cataract in one of his patients, and sends him to the specialist for operation. The ophthalmoscope shows the latter that the cataract is due to or accompanied by disease of the choroid, which of itself would reduce the power of vision excessively, and, moreover, that the choroidal trouble may in great measure count against operative interference. Should, now, this latter be employed and all obstruction to the entrance of light be successfully removed, yet the surgeon gets blamed for not performing a miracle, namely, making the blind retina perceive. I will not dwell upon the fact of how utterly the specialist is in the hands of the patients he has operated on or their surroundings, or how they may readily spoil his best work, by neglect or total disregard of directions and precautions. These are matters the profession at least can well understand, and we are sure of their sympathy in them. Please let it be remembered that an eye with cataract is a diseased one, and that the operation causes a dangerous wound.

Thus much premised, I would say I am not content with the present adopted measurement of vision after cataract operation. What I should prefer to know is, does the ophthalmoscope show a perfectly clear opportunity for light to reach the retina, then only has the best been done for the patient. With our present plan, a patient may, with appropriate cataract glasses, be able to thread a needle or read good print after operation, yet his vision for 20 feet as ordinarily taken might be but $\frac{1}{2}$ or even $\frac{1}{4}$ of the normal. The record would put him among

the moderately successful, yet he has as good vision as many people pursuing their avocations and gaining their daily bread thereby. What I mean is that our standard and measurement of vision do not tell the whole story.

Aside now from the question of absolute visual power gained, or even granting that as good is not obtained, why have ophthalmic surgeons almost universally departed from the method known as the old corneal flap and adopted Graefe's peripheric linear or a modification of it? I would answer from my own experience, because they feel that Graefe's operation is safer. I turned to it myself as soon as I understood this fact. My first two operations were those in which I had performed a "corneal flap" on the other eye. The peripheric linear cut, even when modified as it has been so as to perhaps no longer deserve that name, gives us a wound in a blood-bearing tissue, and with the conjunctival flap generally made, is almost like a subcutaneous incision. I cannot but think that these are two causes of great import in its success.

As to the concurrent iridectomy or the tearing out of a piece of the iris to let the lens pass without bruising the iris tissue, it has been forcibly said, that this was a hole which nature would attempt to fill up. But nature does not attempt to fill it up when done to subdue glaucoma, or form an artificial pupil. The iridectomy leaves a clear passage for the lens nucleus to the wound and allows us opportunity to push up and out the dreaded cortical substance.

Such a cut as this operation makes, heals readily, quickly and firmly, before the eye, so to speak, wakes up to the fact that it has been interfered with, and before nature attempts the absorption of the remaining debris of the cortical substance of the lens. This I cannot but feel is the chief secret of the success of the operation. All the old cautions, warnings, and advised preparation of the patient, have faded away from the ophthalmic text books and the clinical teachers' lectures, showing, I hold, that we now have an operation which is safer and less to be feared. Besides this, Graefe's operation or a modification of it, is applicable in all cases of extraction. We can employ it where we should not dare to make a corneal cut for fear that it would not heal. The narrow catlin-like knife used may be more difficult to manœuvre, but we can make it cut where and as we please. A proof of this is that the instrument is frequently employed in preference to the lance-

shaped knife where an iridectomy alone or an artificial pupil is to be made.

I trust these few hasty remarks will enable the profession to better understand cataract operations in the light they must needs regard them. I can only say in conclusion, that my forty-two cases have taught me to have more confidence in Graefe's modified peripheric operation than in the corneal flap section, and that the chances for the patient's restoration to useful vision are greater, therefore I practise this method. Whether hereafter the concurrent or a previous iridectomy may be done away with, time must teach me. I am not willing to admit this at present. There are naturally many other points about this operation I would gladly speak of, but the ophthalmic journals and Society meetings are the proper places for such discussion.

MALIGNANT SMALLPOX TREATED WITH SULPHUR FUMIGATIONS, AND SULPHUROUS ACID INTERNALLY.

By F. HJALTJELIN, M.D., Chief Physician of Iceland. Reykjavik.

EVERY summer, and even early in the spring, Iceland is generally surrounded by many hundred French fishing-vessels, which, to tell the truth, are never welcomed by the Icelanders; this spring, these vessels were still more dreaded than ever, because accounts had been received of a malignant smallpox, raging over the unhappy French country.

In the beginning of April last, several French vessels came into the harbor of Reykjavik, and in some of these a third part of the crew had been seized by smallpox, and some had died. A quarantine was at once erected in the neighborhood of our town, and, as the chief physician of this island, I had to treat the sick sailors, and see that the quarantine regulations were strictly followed. Many of the patients brought into the quarantine had the confluent smallpox, and were in great danger. I treated them all in the same manner, viz., on the plan of disinfection advocated by me a long time ago. Sulphur fumigations were used in the sick room and a mixture of sulphurous acid in water was given internally. The result has been most satisfactory, and I shall give a full account of the cases treated, in Dr. Dobell's Reports this year. As no cases of smallpox have, after the lapse of 30 days, occurred among the Icelandic population, either in the town

or its neighborhood, I entertain the hope that the disease may be looked upon as stamped out by the aforesaid precautions. The people have been vaccinated and re-vaccinated, as a matter of course, and this may serve to protect the Icelandic population from this dreadful malady.

Selected Papers.

MODERN MEDICAL DOCTRINES.

By PETER EARLE, M.D., M.R.C.P.

BUT by far the greatest change of opinion has occurred as to the number and variety of symptoms and disorders which are now looked upon as due to causes acting at a distant part of the system, but producing their effects far from their source, through the medium of connecting nerves and nerve-tissues.

Much, very much, has now been done in this direction. The work which was begun by Prochaska, continued and developed by Marshall Hall and Brown-Séquard, has indeed borne great fruit; but I venture to think that no limit can at present be set to the possible results of further investigations and inquiries in this direction. Not only have many hitherto unexplained affections been satisfactorily explained on this principle, but there seems reason to believe that the true *modus operandi* of the causes of many of our most common acute diseases may be—as some of our best thinkers have lately tried to show to be probable—through some agency of a reflex nature.

Take the simplest of all—the case of a common cold, with its resultant chill, and sore throat, and catarrh. It may, indeed, be true, as has long been held, that some resulting inefficiency of cutaneous action may allow of accumulation in the blood of perspiratory matters, and so give rise to some of the phenomena witnessed; but it is very plain that all the facts of this disease are by no means to be so explained, and that some further *rationale* of their action is required. Even if we leave out of the question the strange circumstance that the sore throat, or catarrh, or bronchitis is frequently produced by merely getting the feet damp, or sitting for a few moments in a small current of air, or by exposure to other very partial causes, this old perspiratory theory—which was taught in our student days, I presume, to very many of

us now present—fails to afford an intelligible explanation of the true nature of a simple cold.

But, if we allow a reflex explanation for a common cold, must we not at once agree to the further hypothesis, that all the so-called mucous inflammations of the respiratory tract—laryngitis, bronchitis, pneumonia—are or may be of the same nature and character, though differing in situation and intensity, and that they are, in fact, but varied results of a reflex paralysis—of a removal of the nerve power of the vaso-motor nerves governing the results of the “inflamed” parts, and allowing the relaxation, congestion, and subsequent exudation of *liquor sanguinis*, in which this process of inflammation consists.

An investigation of the reason why removal of the vital heat, or vital force or nerve power, from a given distant part, by moisture or current cold, should produce a catarrh, a cynanche, a bronchitis, a pneumonia, a rheumatic fever, would seem to be a subject worthy of the closest attention, and likely largely to increase our knowledge not only of these diseases themselves, but also of the direction in which nerve force is apt to travel from various parts of the surface to other parts. In other words, it might lay bare the knowledge of the existence of great and definite arcs or channels, of which, at present, we can only have a bare suspicion.

A common cold is the commonest, apparently the simplest, and certainly the most easily studied, of all these inflammations of the respiratory mucous membranes, these (possibly) partial reflex paralyses. Might not the intrinsic nature of this disease unfold to us the secret history of the more serious chest diseases, and point out to us not only their essential nature but the means of cure?

We all know and believe in the common adage that we cannot cure a cold. Are we not fast coming to the conclusion that we cannot cure a pneumonia, and is there any doubt that the tumid, red, congested condition which we see in “inflamed” or catarrh nostrils or throat, represents the exact condition of the mucous membrane lining the air tubes in bronchitis or the lung tissue in pneumonia? In this respect I think practice is outrunning theory; for, whilst the essential nature of pneumonia is yet undetermined, the almost universal practice now in its treatment, in addition to the warmth of a bed, is the application of external warmth to the inflamed part by means of constantly renewed hot poultices. Possi-

bly we might go further and do better, were we to apply this artificial warmth to the exact part from which vital heat or nerve force was removed by cold or wet which caused the illness. It seems reasonable to suppose that the same nervous arc or circuit through which the nerve force was abstracted might often be the best channel for its restoration.

Assuming, also, that these internal inflammations are but forms of reflex paralysis, do we not see at once a reason why so-called remedies are often so useless for their check or cure, and why nothing but a certain period of rest and care, a period sufficient for the re-development of the normal nervous power of the diseased part, suffices for restoration of health? and why, also, rest, and chiefly physiological rest (as has recently been pointed out by Dr. Gull), is often almost the *only thing* that is needed for such restoration?

But, after all, I would ask, what is this doctrine of physiological rest but stating in other words the need of time for the restoration of inflamed, i. e. exhausted or semi-paralyzed parts? The "six weeks" that are said to be good for rheumatic fever; the four or five days that are known to be essential before a cold or a pneumonia can get "the turn" towards recovery, do but express the fact that this period of time is that in which the nerves of the part are able to recover from the exhausted condition which precedes, and allows the rise of, that particular form of disease. We may possibly neutralize the lactic acid of the blood in one case or the bilious or perspiratory poisons in the other, and so help to make the recovery more rapid; but in the absence of such, or other complications, the rest and the vital nourishment by properly regulated warmth or temperature would seem to be the essentials of the treatment.—*British Medical Journal*.

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED BY F. W. DRAFER, M.D., BOSTON.

THE Society resumed its regular monthly meetings after the summer intermission, Saturday evening, Sept. 30th, 1871, Dr. Francis Minot presiding.

Dr. Fitz exhibited a specimen of thrombus of the femoral vein, incident to a case of pyæmia in a boy of 14 years. The patient

had died about a week after a severe crushing injury to the knee-joint. The specimen presented two well-defined coagula. The fact that the vessel was not entirely obliterated was shown by the presence around the larger clot of a more recent coagulation. There were also to be seen several small clots adjacent and loosely adherent, suggesting the probable origin of the metastatic abscesses found in the lungs.

Coincident with these appearances, but in no way related to them, the condition of the urinary organs was noteworthy; the left kidney was atrophied to considerably below the size normal in childhood, but its pelvis was dilated; its fellow of the opposite side was larger than the kidney of an adult, and presented the uniform hypertrophy of hydro-nephrosis. The muscular coat of the bladder was likewise much thickened. These changes suggested the presence at some remote period of a calculus in the left kidney.

Dr. William Ingalls called attention to a symptom he had observed after the administration of chloral hydrate. He had prescribed a dose of six grains to be given for sleeplessness to a girl of 11 years, ill from general debility. After the first dose, nothing save the desired effect was observed. Sleep also followed the second exhibition the night following, but on the next morning, spots of a red color, deeper in hue than erythema, appeared successively on the cheeks, around the mouth, and behind one ear. There were no other symptoms, and the redness receded after eight hours.

Dr. Damon suggested that the appearances alluded to might be classed as erythema fugax, a neurosis of the skin depending on some such irritation of the stomach as chloral would tend to produce.

Dr. W. O. Johnson related the following case: A merchant, aged 47 years, in active business, after a season of considerable anxiety, was attacked with vertigo while sitting at his desk, and in the midst of the sentence he was speaking he suddenly lost the power of speech. The attack was very transient. The habits of the man were regular and there were no excesses in his mode of living. A cessation of business care and change of scene were advised. After a vacation of three weeks, the man returned to his business fully restored as it appeared. On the second day after resuming active business there was a recurrence of the former experience, with an apparent loss of power and memory; but after a week of treatment with the bromide of potassium, there had been no renewal of the

symptoms. Dr. J. had at first hastily inferred aphasia, but he was in doubt at present concerning the diagnosis.

Dr. Fisher suggested that it might be petit mal or perhaps epileptic vertigo; it was possibly the beginning of serious brain disease.

Dr. Fitz intimated the occurrence of minute extravasations into the cerebral substance from rupture of the capillaries through degeneration of their coats.

Dr. Minot related a case of pleuritic effusion which presented points of interest. A young woman, a seamstress, presented herself in July, 1868, with the characteristic rational and physical symptoms of effusion in the right pleural cavity. Two months later, the urgency of the symptoms necessitated the puncture of the chest; two quarts of clear serum were removed. At the end of the operation there was more distress than is usual, the lung expanding slowly. Recovery followed after a month. In September, 1871, just three years after the first operation, the necessity occurred for its repetition, this time on the opposite side; the same quantity of serum was removed. During the past summer the patient was overworked and took no vacation, but she could recall no stage of acute pleuritis antecedent to the effusion; moreover, there had been no cough or other pulmonary symptoms in the three years' interval.

The Society adjourned.

Medical and Surgical Journal.

BOSTON: THURSDAY, NOVEMBER 2, 1871.

MEANS TO BE EMPLOYED FOR CONTROLLING SMALLPOX CONTAGION.

In the JOURNAL for June 1st, we recalled to the profession some facts concerning vaccination and its influence on the spread of smallpox. The recent epidemic of the disease in Lowell, and the report of its spread in other directions, cannot fail to render interesting any facts bearing on the subject. We therefore gladly yield our editorial space to a series of instructions for controlling smallpox contagion, adopted by the Board of Health of the city of Lowell, in this State; and recommend them for the use of other communities threatened by the disease. We quote the instructions in full, as unanimously approved by the Consult-

ing Physicians of Lowell. A series of "Hints on Vaccination and Smallpox," published in 1862, for distribution among his patients, has been sent us by Dr. Collins, of Providence, and contains similar useful advice.

ISOLATION.

1. Persons attacked with smallpox or varioloid, and all infected clothing of the same, must be immediately separated from all other persons liable to contract or communicate the disease.

2. Nurses and the infected clothing of such persons must be treated as in quarantine.

3. None but nurses, and the attending physicians, will be allowed access to persons sick with smallpox or varioloid.

4. Patients must not leave the premises until they, together with the bedding and clothing, have been disinfected, and permission given by some physician of the Board of Health.

DISINFECTION.

1. All bedding and personal clothing infected with smallpox contagion, which can without injury, must be washed in boiling water.

2. Infected feather-beds, pillows and hair mattresses must have contents taken out and thoroughly fumigated, and ticks washed in boiling water.

3. Infected straw and excelsior mattresses must have contents removed and buried, and ticks washed in boiling water.

4. Infected blankets, sheets and pillow-cases, and all articles in contact with, or used by the patient, must be washed in boiling water.

5. Personal clothing and bedding, particularly comforters, which cannot be wet without injury, must be disinfected by baking or by fumigation.

6. Instead of using boiling water as the disinfectant, the following chemical process with cold water may sometimes be conveniently substituted: Dissolve in a wash-tub, containing eight gallons of cold water, one pound of the hyposulphite of soda; immerse all the articles of clothing and bedding used by or around the patient, and when thoroughly saturated add half a pint of sulphuric acid, first diluting it with one gallon of water; stir the whole and allow the clothes to soak an hour, then wring them out, rinse three times in cold water, and hang out to dry.

7. Disinfection of houses, clothing and bedding by fumigation may be effected by filling the closed rooms with the fumes of

sulphurous acid, or of chlorine gas. The first can be accomplished by putting half a pound of sulphur in an iron dish, pouring on a little alcohol and igniting it, thereby causing the sulphur to burn and give off sulphurous acid fumes. The second can be accomplished by moistening with water four pounds of chloride of lime, contained in an earthen or wooden vessel, and adding thereto a pint of muriatic acid, to liberate the chlorine gas. Clothing and bedding, to be well fumigated, must be separated as much as possible, and hung upon the walls and furniture of the room, so that everything will be thoroughly permeated. The rooms should be kept closed an hour or two after being charged with gas by either method, and then thoroughly ventilated. No attempt should be made to fumigate the sick-room in this manner, while it is occupied by the patient.

8. On the recovery, removal or death of every case of smallpox or varioloid, the clothing, bedding and premises will be disinfected, in accordance with the above rules, under the direction of one or more physicians employed for the purpose by the Board of Health.

9. The physicians employed in disinfecting may cause the removal, destruction, or burial of such infected bedding and clothing as may, in their judgment, seem to require it, of which they shall keep a correct record, with date, kind of article, whether new or old, estimated value, name and residence of the owner. No person shall burn any contagioned articles unless authorized by the Board of Health.

10. The sick-room should be kept well ventilated, with such precautions as not to expose the patient to direct currents of air, and should be occasionally fumigated, slightly, by throwing upon a heated surface a few teaspoonfuls of a solution of carbolic acid, made by dissolving one ounce of crystallized carbolic acid in a quart of rain water. Pieces of cloth may be soaked in this solution, and suspended in the room, also in the hallways adjoining. All vessels for receiving discharges of any kind from patients, must be emptied immediately after use, and cleansed with boiling water. When convalescence has taken place, the patient must be thoroughly washed in warm water and soap, and put on fresh, clean clothes throughout.

11. Privies, water-closets, garbage-tubs, water-pipes, and all kinds of drains and foul places in houses, stables and yards, may be disinfected with a solution made as follows: Dissolve eight pounds of copperas (sulphate

of iron) in five gallons of water, add one quart of the solution of carbolic acid, and mix well.

12. It should be remembered that there are no substitutes for pure air and water. Let fresh air and sunlight purify every place they can reach; open and dry all cellars; keep the grounds about dwellings dry and clean, and let personal and domestic cleanliness be everywhere observed.

Vaccination, and re-vaccination, is of paramount importance, affording the best attainable protection against smallpox, and mitigating its severity when not preventing an attack.

SUCCESSFUL OPERATION BY A VENERABLE SURGEON.—A short time ago, Dr. Joseph L. Stevens, of Castine, Me., now in his *eighty-second year*, amputated the thigh of a patient *sixty-six years old*, for obstinate and extensive ulceration of foot and leg of *forty years' duration*. On the second day after the operation the patient sat up in bed and shaved himself, holding the glass in one hand and using the razor with the other, and before the end of a week was able to get out of bed, *without assistance*, each morning, to have his bedding arranged.

Considering the age of patient and surgeon and the duration of the disease, the success of the case deserves record. Dr. S. is well known to many whom our JOURNAL reaches; he himself, by the way, has been a subscriber to it ever since its publication. Our readers will join us in wishing the venerable surgeon many more years of useful and happy service.

CUNDURANGO.—We are confident that many of our readers, either at the solicitation of their patients or to satisfy their own minds, have made trial of the drug, cundurango. That this experience in the use of an article vaunted as a panacea for various diseases may not be lost, we ask those who have employed it to communicate the result of the cases, whether favorable or adverse, for publication; as well as the effect of the remedy on the circulatory, pulmonary, digestive and nervous systems. The manipulation of the Department at Washington by interested parties has effectually suppressed the reports of gentlemen to whom the drug was delivered for trial; if

those gentlemen will, on their own account, publish their several reports the profession will be gratified, and if the drug, as we are led to believe, be inert, the testimony of such persons will give us assurance of the fact. At present we are compelled to rely for our evidence upon parties for whom the most hearty contempt is felt by medical men.

"UNPAID MEDICAL SERVICES."—The position assumed by the profession at St. Albans, Vt. (see this JOURNAL, p. 276), may be all very well on paper, but can it be maintained in practice always? Suppose that a member of a family whose "head not only neglects, but obstinately refuses to pay," meets with an accident or is suddenly taken ill—is for the moment, or is supposed to be by friends, in great danger or distress—will Dr. B. refuse to relieve the patient because Dr. W. cannot or does not collect his bill? If he does go, how can he, "having undertaken the case," avoid "attending it to the end," if requested? Perhaps Dr. W. has been paid the day or the hour before; must Dr. B. inquire into this before he goes to the patient; and also whether any other of the associated practitioners has unpaid accounts against the family?

It is ordinarily as much as one can well do to attend to his own business; but to keep well posted as to other people's poor debts is asking rather too much. The four associated physicians at St. Albans seem to be somewhat conscious of this when they append to their resolution a "provided," which practically upsets the resolution itself. The subject is full of difficulties which are not solved by the late writers in the JOURNAL; meanwhile it may be well for all to keep in mind that "the dignity of the most useful and honorable profession known among men" will not be elevated by reducing that profession to the level of a trades' union. No! gentlemen who join the profession must expect to render service sometimes, nay often, regardless of pecuniary results.

PHILIP O'FEE.

CALIFORNIA STATE MEDICAL SOCIETY.—At a meeting of the Society, held at Sacramento, Oct. 11th, the following officers were appointed—President, Dr. H. Gibbons; Vice Presidents, Drs. Shurtleff, Hatch, Todd and Montgomery; Corresponding Secretary, Dr. W. P. Wythe; Recording Secretaries, Drs. Cushing and

Grover; Treasurer, Dr. Stout. After the transaction of business, Dr. Gibbons read the report of a Committee on Practical Medicine, following which the annual address was delivered by the retiring President, Dr. Thomas M. Logan.

MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.—At the annual meeting of the Society, held Oct. 30th, the following officers were chosen for the ensuing year:—President, Dr. G. C. Shattuck; Vice President, Dr. H. W. Williams; Secretary, Dr. H. Curtis; Treasurer, Dr. F. Minot; Trustees, Drs. S. Salisbury, W. W. Morland, Luther Parks, R. L. Hodgdon, H. J. Bigelow, B. E. Cotting, G. A. Bethune, Alfred Hitchcock, J. B. Upham; Auditors, Drs. Geo. H. Lyman and J. C. White.

In the JOURNAL for May 18th, 1871, the objects of this Society were stated to be the relief of members of the profession and their families, whether or not they have ever been members of the Society. The officers of the Society ask the coöperation of physicians in this worthy charity; they also request that instances of distress in the profession or in the families of deceased physicians may be brought to their notice.

INTRA-PERICARDIAL ANEURISM OF AORTA.—Dr. Stokes, Regius Professor of Physic in the University of Dublin, presented to the Pathological Society of Dublin (*Brit. Med. Jour.*, March 18, 1871) a most interesting case illustrative of some obscure points in the diagnosis of cardiac disease. The patient was a man aged 31, who six years ago was admitted to the Meath Hospital, suffering from "heart disease," most probably from pericarditis. At the time of his second admission, a short time ago, he was the subject of general anasarca. On physical examination, the liver was found to be much enlarged, its lower edge being felt just above the crest of the ilium. But the most striking physical signs were met with in connection with the heart. At its base a double murmur was audible, of which the first part was systolic, and the second corresponded with the diastole. This bruit became fainter when traced towards the apex, but at this point it was again distinctly heard. Besides the double basic murmur, a loud *frémissement* existed at the base. This sign disappeared at a subsequent period, but only to return. There was visible pulsation in the carotid alone, and the pulse partook to some extent of the characters of the collapsing form.

Here, then, were all the usual signs of aortic patency, together with the basic *frémissement*, and a second double murmur at the apex. Dr. Hayden, who was asked by Dr. Stokes to see the case, suggested that the lesion was aneurism of the right ventricle. After death, the left ventricle proved to be much hypertrophied; the aortic valves were found perfectly competent, though somewhat thickened; and a true aneurism sprang just above the origin of the aorta. The tumor was intra-pericardial, and from the sac a fistulous passage led into the cavity of the right ventricle. There was, in fact, a varicose aneurism. The *frémissement* was now explained—its disappearance Dr. Stokes regarded as due to a temporary plugging of the fistulous openings. Cyanosis was never present, though before death the patient's aspect became unusually livid. Dr. Stokes mentioned that this was the second instance in his experience in which an aneurism springing in the neighborhood of the sinuses of Valsalva had perfectly simulated the comparatively common disease, permanent patency of the aortic valves. Dr. Hayden stated that his diagnosis was founded on the following considerations. First, the murmur of exit possessed a peculiar character, one never remarked in simple valvular disease. It resembled the sound caused by the entrance of fluid into a resounding cavity, and might best be described by the word "splashing." Secondly, this murmur was not transmitted into the carotid vessels.—*Am. Jour. Med. Sciences.*

LOOSE CARTILAGES IN THE KNEE-JOINT.—

Among the papers read was one by Mr. W. J. Square, upon the above disease, with special reference to its treatment by subcutaneous incision and removal of the cartilage. The author stated that since he published his account of this operation ten years ago, when he related nine cases, he had performed the operation fifteen times. The twenty-four cases had all been operated on without selection, and all had recovered without drawback. The operation, as practised by the author, consists in the conduction of the cartilage to the inner and lower part of the joint, and maintenance there by an assistant. A tenotomy knife is then introduced, and the capsule of the joint freely incised upon the cartilage. The knife is then directed so as to open the cellular tissue over a convenient part of the fascia. The cartilage is now pressed and lifted out of the joint into the cellular bed prepared

for it, and slides along for about three inches. It is fixed *in situ* with a firm pad and adhesive plaster, the foot and leg being bandaged up to the edge of the cartilage, and the limb placed in a splint. If no inflammation ensue, the cartilage is excised about a week after the operation. In reply to a question as to whether he fixed the cartilage by passing a needle through it, and then cut down upon it, he said he had done so on two occasions, and found the plan very inconvenient, as there was great difficulty in withdrawing the needle, which stuck firmly.

He believed that this affection was not dependent upon rheumatism, but upon violent use of the knee. Mr. Longmore stated, however, that only one case had occurred in nine years of his experience among the soldiers in Italy.—*Brit. Med. Journal.*

ON THE INFLUENCE OF COFFEE AND CACAO ON ALIMENTATION. By M. RABUTEAU.—

Two dogs were taken, as nearly as possible identical in size and condition: one of them was fed every day with 20 grammes of bread, 10 grammes of fresh butter, and 10 of sugar; the other with 20 grammes of cacao, 10 grammes of sugar, and an infusion of 20 grammes of roasted coffee. This last ration, it is observed, contained less solid matter, by weight, than the preceding. The first dog grew very thin in a short time, and died in twenty-nine days, showing all the symptoms of an insufficient nourishment. The other continued healthy, though he grew thin, but not so much so as the first dog. The experimenter having been called away to duty at the fortifications just after the first dog died, he was unable to feed the second as he had purposed, and the animal, not receiving any nourishment, died at the end of four days. Remarks are made on the roasting of coffee. It should be so accomplished that it shall contain all the caffeine, the true active principle of the berry, and should not contain caffeine, an essential oil developed in roasting. This latter principle, the author asserts, is the one which excites and causes the injurious effects so often found to arise from the use of coffee. Its formation may be, to a considerable extent, prevented by roasting the coffee in a current of heated air.

A discussion on the subject followed, in which it was questioned whether coffee and cacao were to be considered as aliments, M. Chevreul expressing his belief that personal idiosyncrasies had much to do with

it. He also remarks on the difficulty of settling the question, for want of a standard by which to be guided, as, for instance, the percentage of nitrogen, which, however, is fallacious.—*American Chemist*, July, 1871, from *Comptes Rendus*.

WET SHEETS IN DIARRHŒA.—Oppenheimer employed this treatment in twenty cases of rapid diarrhœa in children, from fourteen days to four years old, with three deaths and seventeen recoveries. In two cases of chronic diarrhœa there was no result. He used sheets wet in water at 50° to 55° Fahr., in which the little sufferer was enveloped and then covered with a blanket, which was kept on until perspiration set in—say from half an hour to an hour. Internally the patients were given ice-water, broth, barley-water, milk, wine or brandy, but no medicine. As soon as perspiration occurred, the packing was removed, the child wiped dry, and cloths dipped in cold water laid upon its abdomen, and renewed as fast as they grew warm. Where the diarrhœa persisted, the packing was repeated within an hour. If cerebral congestion occurred, the packing was discontinued and ice applied to the head. The treatment seems suited only to acute attacks of diarrhœa in children.—*Schmidt's Jahrbucher*.

INFLUENCE OF TOBACCO IN DISEASES OF NERVE-CENTRES.—In the *Bulletin de l'Association Franc. "cont. l'Abus du Tabac,"* M. Tamisier states that out of fifty-nine grave affections of the nerve-centres observed from 1860 to 1869 among men, forty occurred in smokers. In fifteen cases of hemiplegia, nine abused tobacco and two used it moderately; four did not smoke. Of eighteen cases of paraplegia, five were great smokers, three moderate smokers, and ten abstained from tobacco. Out of twenty cases of locomotor ataxia, fourteen were great smokers, five moderate, and one abstainer. Tamisier thinks that it is especially, if not wholly to this cause, that we must attribute the disease in the majority of cases of hemiplegia and of ataxia he has noticed since 1860. M. Lefevre, of Louvain, thinks it indubitable that excessive smoking causes paralytic mania: because, 1st, nicotine causes in animals progressive enfeeblement of the muscles of motion up to paralysis, and congestion of the nerve-centres. 2d. Analogous symptoms have been noticed in numbers of per-

sons who abuse tobacco in smoking or chewing. 3d. It has been found in all countries that there is a constant relation between the consumption of tobacco and the increase of general paralysis.—*The Doctor*.

TREATMENT OF LUPUS EXEDENS.—E. Andrews, M.D., of Chicago, Ill. (*Chicago Med. Examiner*), takes the following course, recommended by Dr. R. Volkmann, of Halle, in the treatment of lupus exedens: With an instrument like a small spoon, all the tissue which will yield to its scraping action is first scooped away; then with a tenotome, or other small knife, innumerable minute slashes and stabs are made into all the affected vascular tissue around, the surgeon cutting until it is reduced to a sort of mince-meat, without, however, destroying the vitality of any of it. The ulcers then begin to heal, and the contraction of the multitudinous small cicatrices reduces the affected surrounding tissue to a nearly natural condition. Dr. Andrews has recently tried this plan with excellent effect in Mercy Hospital. The patient had lost the septum narium and part of the border of the nose and of the upper lip. He removed all the diseased parts which would yield to a vigorous scraping action, and then slashed and stabbed all the red tissue in the vicinity. An immediate improvement began to take place, and in about four weeks the parts were healed. The tip of the nose, which had been drawn down, closing the orifice of the nares, and rendering respiration by that passage impossible, was supported by a gutta-percha tube, and, as the cicatrix grew firmer, showed its power to maintain its position without further help.—*N. Y. Med. Record*.

TRANSPLANTATION OF MUCOUS MEMBRANE.—At a meeting of the College of Physicians and Surgeons of Vienna, Dr. Czerny (*Am. Practitioner*) exhibited a case of transplantation of the mucous membrane of the nose upon a granulating surface of the upper arm. He spoke of three cases he had experimented on in this way, and one in which he had taken the mucous membrane from the mouth. The mucous membrane in one instance was taken from an extirpated polyposus, and transplanted two hours after its removal. It had lost on its new ground its villi, and had changed into basement epithelium.—*Ibid*.

Medical Miscellany.

APPOINTMENT.—At a recent meeting of the Board of Trustees of the Massachusetts General Hospital, Dr. Henry F. Quincy was appointed Artist of the Institution.

Dr. W. M. Wood has resigned the position of Chief of the Bureau of Medicine and Surgery, U.S.N., and Dr. Jonathan M. Foltz has been appointed in his place.

PERSONAL APPEARANCE OF HARVEY.—The personal appearance of the discoverer of the circulation of the blood is thus described in Aubrey's *Lives*, who was his cotemporary:—

Dr? William Harvey (author of that great discovery, the circulation of the blood). He was not tall, but of the lowest stature; round-faced, olivaster (like wainscot) complexion; little eye, round, very black, full of spirit. His hair was black as a raven, but quite white twenty years before he died.—*Med. and Surg. Reporter.*

A SOUND LODGED IN THE UTERUS.—Drs. Petreguin and Foltz report the following: A woman allowed a midwife to introduce a sound into her uterus for the purpose of procuring abortion. The sound disappeared in the genitals and could not be found. Abortion followed. About four months later, the woman observed a small tumor near the umbilicus, which proved to be the head of the sound. The os was dilated by means of a sponge-tent, and in the anterior wall of the uterus the other end of the sound could be felt, which had perforated the uterus near the internal os, and had penetrated upward between the bladder and uterus. The handle of the sound could only be felt in the uterine parenchyma when the woman had been walking about some time. Attempts to remove the sound by way of the vagina failed, and it was finally taken away through an incision made into the abdominal parietes. Recovery followed without further disturbance.—*Schmidt's Jahrbucher.*

EXPLORATIONS BY THE COAST SURVEY BUREAU.—Prof. Agassiz, says the *American Naturalist*, has accepted an invitation to take passage in the iron Coast Survey steamer, which has just been built near Wilmington, Del., and which sails for the Pacific coast in September next. The expedition will take deep-sea soundings all the way. Secretary Boutwell has written to the Secretaries of State and Navy, asking that naval and other officers may be instructed to afford such courtesy and assistance to the exploring party as may be desirable.

Count Courtales, Rev. Dr. Hill, and Dr. W. White, of Philadelphia, will accompany the expedition.—*Phil. Med. Times.*

THE REMOVAL OF AN INVERTED WOMB.—Dr. Thomas Hay, of York, Penn. (*Med. and Surg. Reporter*), lately removed an inverted uterus with an intramural fibrous tumor of the fundus. Four weeks afterward the patient was up and about her room, and the operation bade fair to be a perfect success.—*N. Y. Med. Record.*

TO CORRESPONDENTS.—Communications accepted.—A new use of Carbolized Catgut Ligatures.—Case of Cynosis, with an unusual Symptom.—Leeches.—A Sketch of the Case of Dr. Louis E. Partridge, of Natick.

BOOKS AND PAMPHLETS RECEIVED.—Treatment and Prevention of Decay of the Teeth; A. Francis and Popular Treatise, By Robert Arthur, M.D., D.D.S., &c. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 236.—The Physician's Visiting List for 1872. Philadelphia: Lindsay & Blackiston.—The Druggist's General Receipt Book; comprising a Copious Veterinary Formulary, &c. &c. By Henry Beasley. Seventh American from the last London Edition. Philadelphia: Lindsay & Blackiston. 1871. Pp. 497.—The Physician's Dose and Symptom Book, containing the Doses and Uses of all the Principal Articles of the Materia Medica, &c. By Joseph H. Wythes, A.M., M.D. 10th Edition. Philad.: Lindsay & Blackiston. 1871. Pp. 275.—Emergencies and how to treat them. The Etiology, Pathology and Treatment of the Accidents, Diseases and Cases of Poisoning which demand Prompt Action. By Joseph W. Howe, M.D., Visiting Surgeon to Charity Hospital, &c. New York: D. Appleton & Co. 1871. Pp. 265.—Contributions to Practical Laryngoscopy. Second Series. By A. Rappaport, A.M., M.D. Harvard, of New York. Pp. 16.—A Contribution to the Treatment of Versions and Flexions of the Unimpregnated Uterus. By Ephraim Cutter, A.M., M.D., Boston. Pp. 44.—The Old Farmer's Almanac for 1872. By Robert B. Thomas. No. 80. Pp. 48.

CORRECTION.—In the Journal for Oct. 26th, p. 274, second column, 46th line, for "nitrous oxide" read air; on p. 275, first column, six lines from foot, for "three hours to five hours" read three to ten minutes; in 5th line from foot, before "recovered" insert generally.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending Oct. 28, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	114	Consumption 47
Charlestown	6	Pneumonia 12
Worcester	21	Typhoid fever 8
Lowell	20	Scarlet fever 8
Milford	2	
Chelsea	3	
Cambridge	14	
Salem	13	
Lawrence	11	
Springfield	2	
Lynn	6	
Fitchburg	4	
Taunton	4	
Newburyport	6	
Fall River	15	
Holyoke	5	

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Lowell reports two deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday Oct. 28th, 114. Males, 63; females, 45. Accident, 7; apoplexy, 1—apoplexy, 2—asthma, 1—aphysia, 1—inflammation of the bowels, 2—bronchitis, 6—inflammation of the brain, 2—congestion of the brain, 2—disease of the brain, 5—cancer, 4—cholera infantum, 2—consumption, 23—convulsions, 2—croup, 1—cyanosis, 2—debility, 3—diarrhea, 3—dropsy, 1—epilepsy, 1—scarlet fever, 2—typhoid fever, 5—gangrene, 1—disease of the heart, 1—homicide, 2—intemperance, 1—jaundice, 1—disease of the kidneys, 3—disease of the liver, 1—congestion of the lungs, 4—inflammation of the lungs, 2—marasmus, 8—old age, 2—pleurisy, 1—premature birth, 2—puerperal disease, 3—pyemia, 1—suicide, 2—whooping cough, 1—unknown, 2.

Under 5 years of age, 39—between 5 and 20 years, 10—between 20 and 40 years, 35—between 40 and 60 years, 18—above 60 years, 12. Born in the United States, 74—Ireland, 28—other places, 12.